S. No. 2
0M—2-43
v. 5-17-39
1 X35627

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36811

State File No.

FILED NOV 20 1944

Registration District No. 49 Primary Registration District No. 1602 Registrar's No. 4540

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LUKE'S HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 33 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 4
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 412 WEST DARTMOUTH ROAD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. GEORGE Robert LUDOLPH
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife MRS. ELIZABETH STRICKLER LUDOLPH
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased NOVEMBER 14 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	25	hr. min.

9. Birthplace LEAVENWORTH (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation RETIRED 8 YEARS COMMERCIAL AGENT
11. Industry or business AMERICAN RAILWAYS EXPRESS CO.
MOTHER FATHER
12. Name George Wesley LUDOLPH
13. Birthplace (City, town, or county) Germ. 4 (State or foreign country)
14. Maiden name Anna Elza Wolfram
15. Birthplace (City, town, or county) Germ 4 (State or foreign country)
16. (a) Informant MRS. ELIZABETH STRICKLER LUDOLPH
(b) Address 412 WEST DARTMOUTH ROAD
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-11-1944 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM.
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 11-11-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 9TH year 1944 hour 3 minute 05 P. M.
21. I hereby certify that I attended the deceased from Apr 8 1944 to Nov 9 1944 that I last saw him alive on Nov 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Hypostatic Pneumonia	2 days
Due to Rheumatic Fibrillation	
Due to Coronary Occlusion + Embolus	
Other conditions (include pregnancy within 3 months of death) Nephritis Chronic	

Major findings:
Of operations
Of autopsy 131.15

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature H. P. Lowenson (M. D. or other)
Address K. C. 2 Mo. Date signed 11/10/44

361 (Licensed Embalmer's Statement on Reverse Side)

226 Plaza Medical Bldg
315 Alameda Road
1:30 - 4:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.